

PRESORTED
STANDARD MAIL
U.S. POSTAGE
PAID
Grundy Center, Iowa
50638
Permit No. 18



MISSOURI

STATE BOARD OF NURSING

NEWSLETTER

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 103,000 to all RNs and LPNs

Volume 8 No. 2

May, June, July 2006

Message From the President

Authored by Teri A. Murray, PhD, RN
Board President

The Issue of Continued Competence

Nursing regulation is the governmental oversight provided for nursing practice in each state. Nursing is regulated because it is one of the health professions that pose risk of harm to the public if practiced by someone who is unprepared and/or incompetent. The Board of Nursing is the authorized state entity with the legal authority to regulate nursing by developing administrative rules and regulations which are used to operationalize the statutes of the Nursing Practice Act. Through regulatory processes, the government permits only individuals who meet predetermined qualifications such as graduation from an approved program of nursing and passing of the licensure examination to practice nursing. Historically, nursing boards have focused on entry level competence which is evidenced by the successful passing of the National Council Licensure Examination to become a registered or licensed practical nurse.



Murray

Currently, there is a national movement to examine continued competence in relation to licensure renewal. Missouri does not currently have a rule or regulation that requires proof of continued competence in practice to renew licensure. The Board has held the position that evidence of continued competence through continuing education hours does not ensure that a licensee is competent nor does it ensure that learning has occurred. Moreover, the Board acknowledges that it is the responsibility of the licensee to engage in life long learning as an integral component of professional accountability. Because of this position, the Board has not required licensees to submit continuing education hours as evidence of continued competence for licensure renewal. Currently, 25 registered nurse boards and 24 LPN/VN boards within the nation require continuing education as evidence of continued competence for licensure renewal¹.

"The nursing profession has clearly seen the need for continuing competence but grapples with how this can be universally accepted by all nurses."² Because nursing requires complex combinations of knowledge, critical thinking ability, and skill sets³, the subject remains considerably controversial and open to continued dialogue and debate. Notwithstanding, it is extremely crucial that competence not be considered from the narrowest perspective as lists of skills or tasks but viewed from a much broader perspective. It is of importance

Message from the President cont. to page 2

Executive Director Report

Authored by Lori Scheidt, Executive Director

Your Opinion Counts!

In the last newsletter, we asked each of you to give us your opinion on the Board of Nursing's legislative proposals. We were extremely pleased to receive 6,369 responses.

- Nurse Licensure Compact—95% (6059) support
- Allow APRNs to have one license—91% (5811) support
- Protect the title, "nurse"—97% (6160) support
- Expand the mandatory reporting rule—88% (5612) support
- Allow the Board to conduct default hearings—90% (5735) support
- Allow the Board to request expedited hearings—93% (5935) support

The Board sincerely thanks each of you that answered the survey. Your responses will assist the Board with their strategic planning.

If you have not returned your survey, feel free to do so at any time.

Is your License Suspended?

In January 2005, hundreds of LPN licenses were suspended due to state law, 324.010, RSMo. This law indicates that all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years.



Scheidt

If you have failed to pay your taxes or have failed to file your tax returns your license is subject to suspension within 90 days of being notified by the Missouri Department of Revenue. If your license has been suspended, you need to contact the Department of Revenue at **573-751-7200** or at income@dor.mo.gov to find out how to comply with the tax law. After you are in compliance with the Department of Revenue, they will provide you with a letter of tax compliance that you can fax to our office. Our office must have the letter of tax compliance in order to lift the license suspension.

There are still 350 LPNs that were suspended in January 2005 and have not come into compliance with this law. You can do a quick check to check your license status by using the Licensee Search feature at <http://pr.mo.gov/licensee-search.asp>. If your record is not shown, please contact our office so we may verify your license status. You may contact our office at (573) 751-0681 or nursing@pr.mo.gov.

Nursing Legislation

The 2006 legislative session started on January 2, 2006 and ends May 12, 2006. Two of the Board's proposals were filed this year. The two that were filed were the nurse licensure compact (Senate Bill 664 and House Bill 1150) and the patient safety initiatives (House Bill 1660 and Senate Bill 710). The bill for title protection and APRN requirements was not filed this year.

Nurse Licensure Compact—A State Nursing License Recognized Nationally and Enforced Locally—Senate Bill 664 and House Bill 1150

Senator Jason Crowell (Republican—Counties of Bollinger, Cape Girardeau, Madison, Mississippi, Perry and Scott) filed the nurse licensure compact bill in the Senate. The senate bill number is Senate Bill 664 and was heard by the Financial & Governmental Organizations and Elections Committee on January 23, 2006. The same bill was filed by Representative Lanie Black (Republican—Mississippi, New

GOVERNOR
The Honorable Matt Blunt

DEPARTMENT OF ECONOMIC DEVELOPMENT
Gregory A. Steinhoff, Director

DIVISION OF PROFESSIONAL REGISTRATION
Alison Craighead, Director

BOARD MEMBERS

Teri Murray, PhD, RN, *President*
Kay Thurston, ADN, RN, *Vice-President*
Linda K. Conner, BSN, RN, *Secretary*
K'Alice Breinig, RN, MN, *Member*
Clarissa McCamy, LPN, *Member*
Amanda Skaggs, RNC, WHNP, *Member*
Cynthia A Suter, BS, JD, *Public Member*
Charlotte York, LPN, *Member*

EXECUTIVE DIRECTOR
Lori Scheidt, BS

ADDRESS/TELEPHONE NUMBER
Missouri State Board of Nursing
3605 Missouri Boulevard
PO Box 656
Jefferson City, MO 65102-0656
573-751-0681 Main Line
573-751-0075 Fax
Web site: <http://pr.mo.gov>
E-mail: nursing@pr.mo.gov

Madrid, Scott, Stoddard counties) in the House of Representatives. The house bill number is House Bill 1150. The house bill is also co-sponsored by 13 state representatives: Billy Pat Wright (Republican—Cape Girardeau, Stoddard and Wayne counties), Peter Myers (Republican—Cape Girardeau, New Madrid, Scott counties), Bob May (Republican—Phelps county), Jeff Roorda (Democrat—Jefferson county), Sam Page (Democrat—St Louis county), Edward Wildberger (Democrat—Buchanan county), Therese Sander (Republican—Chariton, Macon and Randolph counties), Jane Cunningham (Democrat—St Louis county), Barney Joe Fisher (Republican—Bates and Vernon counties), Danielle Moore (Republican—Callaway county), Trent Skaggs (Democrat—Clay county), David Sater (Republican—Barry and Stone counties), and Don Wells (Republican—Phelps, Pulaski, Shannon and Texas counties). The house version of

Executive Director Report cont. to page 3

Inside this issue....

Trends in Advanced Practice Education . . .	5
Discipline Corner	6
Licensure Corner	7
Investigations Corner	9
Practice Corner	10
Education Corner	12
Disciplinary Actions	16-20

DISCLAIMER CLAUSE

The Nursing Newsletter is published quarterly by the Missouri State Board of Nursing of the Division of Professional Registration of the Department of Economic Development. Providers offering educational programs advertised in the Newsletter should be contacted directly and not the Missouri State Board of Nursing.

Advertising is not solicited nor endorsed by the Missouri State Board of Nursing.

For advertising rates and information, contact Arthur L. Davis Agency, 517 Washington St., P.O. Box 216, Cedar Falls, IA 50613, Ph. 1-800-626-4081. Responsibilities for errors in advertising is limited to corrections in the next issue or refund of price of advertisement. Publisher is not responsible for errors in printing of schedule. The State Board of Nursing and the Arthur L. Davis Agency reserve the right to reject advertising. The Missouri State Board of Nursing and the Arthur L. Davis Publishing Agency, Inc. shall not be liable for any consequences resulting from purchase or use of advertisers’ products from the advertisers’ opinions, expressed or reported, or the claims made herein.

IMPORTANT TELEPHONE NUMBERS	
Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (<i>MoSALPN</i>)	573-636-5659
Missouri Nurses Association (<i>MONA</i>)	573-636-4623
Missouri League for Nursing (<i>MLN</i>)	573-635-5355
Missouri Hospital Association (<i>MHA</i>)	573-893-3700

SCHEDULE OF BOARD MEETING DATES THROUGH 2007

June 7-9, 2006

September 6-8, 2006

December 6-8, 2006

March 7-9, 2007

June 6-8, 2007

September 12-14, 2007

December 5-7, 2007

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

Note: Committee Meeting Notices are posted on our Web site at <http://pr.mo.gov>

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of May 4, 2006

Profession	Number
Licensed Practical Nurse	23,044
Registered Professional Nurse	80,070
Total	103,114

Message from the President cont. from page 1

to note that competence may not be directly observable but can also be descriptive of attributes that underlie and enable competent performance within the nursing profession.⁴

The ability to assess continued competence in nursing as an aspect of regulation will continue to be a topic of ongoing discussion. The Board is beginning to explore approaches to assess continued competence after initial licensure. The Board fully acknowledges that nursing is contextual; the breadth, depth, and scope of practice will vary across roles and practice settings. Thus, it is this variety in nursing practice roles and settings that creates the challenge of identifying what constitutes continued competence in practicing nurses. The fundamental question is, “How does one best promote and assure continued competence in nursing practice?” I would love to hear from you regarding your ideas, suggestions, or concerns related to continued competence and your view on how competence can best be assessed. Please feel free to contact me by email at nursing@pr.mo.gov.

References

1. National Council of State Boards of Nursing (NCSBN). (2005). Meeting the ongoing challenge of continued competence. Retrieved on March 21, 2006 from www.ncsbn.org.

2. National Council of State Boards of Nursing (NCSBN). (2005). Meeting the ongoing challenge of continued competence. Retrieved on March 21, 2006 from www.ncsbn.org.

3. Cowan, D.T., Norman, I. Coopamah, V.P. (2005). Competence in nursing practice: A controversial concept—a focused review of the literature.

4. Pearson, P., Fitzgerld, M., Walsh, K . & Borbasi, S. (2002). Continued competence and the regulation of nursing practice. Journal of Nursing Management, 10(6) pp 357-364.

Executive Director Report cont. from page 1

the bill did not pass out of the Professional Registration and Licensing House Committee. It appears that the nurse licensure compact bill will not pass this year.

The nurse licensure compact would allow a nurse’s license to work like a driver’s license. The nurse would be required to hold a license in his/her state of residence. The compact would, therefore, allow mutual recognition of licensure in all states which have legislated the compact. Nurses will be required to declare their primary state of residence. Primary state of residence verification may include driver’s license, federal income tax return or voter registration. State of residence was chosen because nurses practice in multiple states but have one primary residence. To date, twenty-one states have passed the compact language. Kentucky just passed the legislation and it is awaiting the Governor’s signature.

Patient Safety Initiatives Bill

This proposal seeks to resolve issues the Board of Nursing has identified as barriers to patient safety: mandatory reporting rule, default hearings and expedited hearings.

Senator John Cauthorn (Adair, Audrain, Clark, Knox, Lewis, Marion, Monroe, Pike, Putnam, Ralls, Schuyler, Scotland and Shelby counties) filed the patient safety initiatives bill as Senate Bill 710. It was voted “do pass” by the Senate Aging, Families, Mental & Public Health Committee on February 22, 2006.

A similar bill was filed by Representative Bob Behnen (Republican—Adair, Putnam, and Sullivan counties) as House Bill 1660.

Both the Senate and House versions have a provision that if the Missouri State Board of Nursing finds no merit to a complaint and no disciplinary action is taken, the case will be closed without merit and the complaint be destroyed within six months of final case disposition.

Other Nursing Related Bills

The following is a list of other bills that may be of interest

to you. It is important for you to know that the Board does not take positions on legislative bills other than changes to the Nursing Practice Act that the Board has proposed in order to resolve issues perceived as barriers to public protection.

House Bill 973—Prohibits the withdrawal of food and water from a patient

Filed by Representative Cynthia Davis (Republican – St Charles County)

If passed, this bill would prohibit the withholding or withdrawal of nutrition or hydration for a patient without a specific written power of attorney granting the authority.

This bill was referred to the House Health Care Policy Committee on January 12, 2006.

House Bill 974—Midwifery

Filed by Representative Cynthia Davis (Republican—St Charles County)

If passed, this bill would:

- Recognize the right of a woman to give birth in the setting and with the caregiver of her choice.
- Require a midwife to provide a written disclosure statement to clients.
- Define a midwife as “any person who is certified by the North American Registry of Midwives (NARM) as a certified professional midwife (CPM) and provides for compensation those skills relevant to the care of women and infants in the antepartum, intrapartum, and postpartum period.”
- Indicate that a midwife providing a service of midwifery shall not be deemed to be engaged in the practice of medicine, nursing, nurse-midwifery, or any other medical or healing practice.

This bill was amended and voted “do pass” out of two different House committees and is on the house calendar of bills for perfection.

House Bill 982—Expunge complaints if the Board does not pursue discipline

Filed by Representative Tim Meadows (Democrat—Jefferson County)

If passed, this bill would:

- Require the Board of Nursing to expunge a complaint if the Board does not pursue disciplinary action.
- Expand the mandatory reporting rule to include nursing

agencies and include reporting of termination of contracted services due to complaints or reports.

The language in this bill was added to House Bill 1660 and passed out of the House Professional Registration & Licensing Committee on March 16, 2006.

House Bill 987—APRN Prescribing Bill

Filed by Representative David Sater (Republican— Barry and Stone counties)

If passed, this bill would allow advanced practice nurses and physician assistants to prescribe schedule V controlled substances.

Executive Director Report cont. to page 4

Executive Director Report cont. from page 3

This bill was referred to the House Professional Registration & Licensing Committee on January 12, 2006.

House Bill 988—Handicapped license plates and placards
Filed by Representative David Sater (Republican—Barry and Stone counties)

If passed, this bill would allow a physician assistant or an advanced practice nurse to issue a physician’s statement for handicap license plates and placards under the collaborative practice agreement.

This bill was referred to the House Transportation Committee on January 19, 2006.

House Bill 1000—Disabled license plate
Filed by Representative Wayne J. Henke (Democrat—Lincoln County)

If passed, this bill would add certified nurse practitioners to the list of health care providers authorized to issue a physician’s statement for the purpose of obtaining a disabled license plate.

This bill was read a second time on January 5, 2006.

House Bill 1038—APRN Prescribing Bill
Filed by Representative Therese Sander (Republican—Chariton, Macon and Randolph counties)

If passed, this bill would add advanced practice registered nurses to the list of persons who may prescribe, administer, and dispense schedule II-V controlled substances and to the list required to label drugs they dispense.

This bill was referred to the House Professional Registration & Licensing Committee on January 12, 2006.

House Bill 1047—Prescribing Bill
Filed by Representative JC Kuessner (Democrat—Iron, Reynolds, Shannon, Washington counties)

If passed, it would authorize a physician assistant or an advanced practice nurse to prescribe, administer, and dispense a controlled substance containing ephedrine and pseudoephedrine.

This bill was referred to the House Professional Registration & Licensing Committee on January 12, 2006.

House Bill 1049—Makes nubaine a scheduled IV controlled substance
Filed by Representative JC Kuessner (Democrat—Iron, Reynolds, Shannon, Washington counties)

If passed, this bill would make Nubaine a scheduled IV controlled substance.

This bill was withdrawn on February 13, 2006.

House Bill 1102—APRN Prescribing Bill
Filed by Representative Kenny Jones (Republican—Cooper, Moniteau, Morgan, Pettis counties)

If passed, this bill would grant APRNs prescriptive authority for controlled substances listed in schedules II-V.

This bill was referred to the House Professional Registration & Licensing Committee on January 12, 2006.

House Bill 1118—Emergencies
Filed by Representative Tom Dempsey (Republican—St. Charles County)

If passed, this bill would allow for deployment of health care professionals licensed, registered, or certified in this or any adjoining state in an emergency and provides them immunity from civil damages

This bill has passed the House and is now in the Senate.

House Bill 1245—Epinephrine
Filed by Representative David Sater (Republican—Barry and Stone counties)

If passed, this bill would allow school nurses, upon authorization by the school board, to keep on hand and administer prefilled syringes of epinephrine in two dosage strengths. The nurse may administer the medication when, based on training, he or she believes a student is having an acute anaphylactic episode. The prescription must be written by a licensed physician listing the school district as the patient, include the nurse’s name, and be filled at a licensed pharmacy.

This bill has passed out of the House and is on the Senate Calendar

House Bill 1269—Vision Exams for School Children
Filed by Representative Rod Jetton (Republican and Speaker of the House—Bollinger, Madison, and Wayne counties)

If passed, this bill would require children enrolling in kindergarten or first grade in a public school to receive a vision examination and submit the results to the school no later than January 1 following their enrollment. The Department of Elementary and Secondary Education in conjunction with the Department of Health and Senior Services will maintain a list of sources for referral through which free or reduced-cost care may be obtained. The list will be distributed to superintendents, school nurses, and parent organizations each year before school begins. The bill specifies the elements of the exam and the equipment necessary to conduct the exam. Exemption from exams on religious grounds may be obtained upon written request to the appropriate school administrator. Moneys up to \$99,000 per year may be appropriated from the Blindness Education, Screening, and Treatment Program Fund to meet the costs of vision exams not covered by existing public health insurance.

This bill was added to House Bill 1660 and passed out of the House Professional Registration & Licensing Committee on March 16, 2006.

HB 1515—Collaborative Practice Agreements
Filed by Representative Bob Behnen (Republican— counties of Adair, Putnam, Sullivan)

If passed, this bill would require physicians to report to the state board of registration for the healing arts whether the physician is engaged in any collaborative practice agreement or physician assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The board shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.

This bill passed out two House committees and is on the House Calendar for House Bills for Perfection—Consent.

SB 566—APRN Prescribing Bill
Filed by Senator Pat Dougherty (Part of St Louis City)

If passed, the bill would authorize an advanced practice registered nurse to prescribe schedule II–V controlled substances under a collaborative practice agreement.

This bill was amended and passed out of the Senate Aging, Families, Mental & Public Health Committee and is on the Senate calendar for perfection.

Senate Bill 576—APRN Prescribing Bill
Filed by Senator Delbert Scott (Republican—Barton, Benton, Cedar, Dallas, Henry, Hickory, Pettis, Polk, St. Clair counties)

If passed, it would authorize an advanced practice registered nurse to prescribe schedule II-V controlled substances if such nurse has been delegated the authority under a collaborative practice agreement.

This bill has been referred to the Senate Aging, Families, Mental & Public Health Committee.

Senate Bill 637—Midwifery Bill
Filed by Senator John Cauthorn (Adair, Audrain, Clark, Knox, Lewis, Marion, Monroe, Pike, Putnam, Ralls, Schuyler, Scotland and Shelby counties)

If passed, this bill would:
Define a direct-entry midwife as one who is certified by the North American Registry of Midwives (NARM) as a certified professional midwife providing for compensation those skills relevant to the care of women and infants before, during, and six weeks after birth.

- Require that a licensed direct-entry midwife present a written disclosure statement to each client outlining the practice of midwifery, his or her training, experience, malpractice or liability insurance coverage, and emergency medical plan.
- Provide that a licensed direct-entry midwife providing the service of direct-entry midwifery shall not be deemed to be engaged in the practice of medicine, nursing, nurse-midwifery, or any other medical or healing practice.

This bill has passed out of the Senate Pensions, Veterans’ Affairs and General Laws Committee with a substitute and was on the Senate informal calendar for perfection.

Senate Bill 664—Nurse Licensure Compact
Filed by Senator Jason Crowell (Republication—Bollinger, Cape Girardeau, Madison, Mississippi, Perry and Scott counties)

This bill would adopt the nurse licensure compact.
This bill was heard by the Senate Financial & Governmental Organizations and Elections Committee on January 23, 2006.

Senate Bill 710—Related to complaints against nurses
Filed by Senator John Cauthorn (Adair, Audrain, Clark, Knox, Lewis, Marion, Monroe, Pike, Putnam, Ralls, Schuyler, Scotland and Shelby counties)

- If passed, this bill would:
- Require the Board to destroy complaints within 6 months if the Board takes no action or if the AHC rules there are no grounds to discipline.
 - Allow licensees the ability to make a request to have old complaints (those received before the bill’s effective date) destroyed where no action was taken.
 - Allow the Board to issue fines up to \$500.

This bill passed out of the Senate Aging, Families, Mental & Public Health Committee with a substitute on February 22, 2006.

Have a Voice in Shaping the Future

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://www.moga.state.mo.us>.

Trends in Advanced Practice Education–Doctorate of Nursing Practice

Authored by Amanda Skaggs, RNC,
WHNP, Board Member

Although the concept of a Doctor of Nursing is not new, there has been a new spark to the flame of this heated discussion. The American Association of Colleges of Nursing (AACN) published a position statement in October 2004 regarding the Practice Doctorate in Nursing. One of the recommendations is to require the Doctor of Nursing Practice (DNP) as entry level for all advanced practice nurses (APRN) by 2015 (AACN, 2004). Following AACN’s position statement, there have been numerous ideas and discussions about the pros and cons of such an undertaking. The goal of this article is to present some of the current ideas on the DNP in hopes that it would encourage active participation in the development of this change in education for advanced practice nurses.

AACN suggest several benefits to establishing the DNP as the entry into advanced practice. One of the most common arguments is parity and increased credibility with other professions. Physicians are required to earn practice doctorate in medicine as entry into the profession, but also offer a PhD for those seeking to focus primarily on research. Many other professions are moving towards this same model such as pharmacist, optometry, occupational therapy and physical therapy (Dracup & Bryan-Brown, 2005). However, nursing already has so many degree options as entry into practice, there is concern that adding the DNP into the mix will further confuse the public.

The DNP does not eliminate the Doctorate of philosophy in nursing (PhD). The DNP would be a practice-focused program with less emphasis on theory and research methodology. Instead, focus would be evaluating research to increase knowledge base, improve health care outcomes and becoming leaders in health policy. The PhD would still be



Skaggs

for those seeking a research-focused doctorate whose goal is to increase the scientific base of nursing practice. Nursing has a shortage of professionals conducting research, and one concern is the change to DNP will detract from a nurse or nurses who might have considered pursuing a PhD. If more nurses shy away from a PhD, this could change the foundation for the future of nursing science (Dracup & Bryan-Brown, 2005)

Proponents of the DNP hope that more nurses completing the DNP degree will increase the pool of faculty. Many nurses have cited a hesitation to pursue a PhD because of lack of interest in research. By offering an alternative, more nurses would qualify for a faculty position that generally requires a doctoral level degree. Depending on each academic institution, faculty holding a DNP instead of a PhD may not qualify for tenure. Another concern is that nurses trained in a practice focus may not be best trained for educating students. An article by Fulton and Lyons (2005) states that, “a deep understanding of the concepts of the discipline comes from grounding in the theory and meta-theory in the discipline, precisely what the DNP proposes to de-emphasize.”

The complexity of health care has placed a demand on advanced practice to increase the knowledge base in order to meet these needs. Masters level programs are adding additional credit hours to include all of the necessary training. Therefore the number of credit hours required to complete a masters program has surpassed most other disciplines. By requiring the DNP as entry into advance practice, the credit hours would be more congruent with the degree earned (AACN, 2004). It would also allow for adding essential areas of content such as utilizing technology to improve healthcare, and health policy development. One argument in opposition is that the increase in credit hours is due to adding fundamentals of medicine, not nursing (Fulton & Lyons, 2005). A current program offering a practice focused doctorate degree seems

to focus on educating advanced practice nurses to be a replacement for physicians. However, this is not a stated prerequisite of all future or current degree programs. AACN maintains that 2 of the 7 essential area of content that should be included in all practice-focused programs should be advance nursing practice and interdisciplinary collaboration.

There are many additional issues and questions to be discussed as DNP programs are developed across the country. Missouri does not currently offer a degree program for the DNP, however several schools are considering this alternative. How this will affect regulatory practice will be of primary concern to boards of nursing. Statute may need to be changed to require the DNP for all APRNs, and will those with Master’s degrees be grandfathered? If necessary, change will hopefully bring about an improvement in health care delivery to the public. That should ultimately be the goal for all those in health care. Hopefully this article will encourage those interested to further educate themselves on the DNP, and be part of the discussion as schools and regulatory agencies make changes that affect the profession of advanced practice nurses.

Bibliography

American Association of Colleges of Nursing (2004). *AACN Position Statement on the Practice Doctorate in Nursing*. Washington, D.C: AACN. Retrieved from the World Wide Web on February 28, 2006 at <http://www.aacn.nche.edu/DNP/pdf/DNP.pdf>

Dracup, K., & Bryan-Brown, C. (2005). Doctor of Nursing Practice—MRI or Total Body Scan? *American Journal of Critical Care*, 14, 278-281, retrieved from the World Wide Web on February 28, 2006 at <http://ajcc.aacnjournals.org/cgi/content/full/14/4/278>

Fulton, J.S. & Lyon, B.L. (2005). The Need for Some Sense Making: Doctor of Nursing Practice. *Online Journal of Issues in Nursing*, 10 (3) Retrieved from the World Wide Web on February 28, 2006 at http://www.nursingworld.org/ojin/topic28/tpc28_3.htm

Discipline Corner

Authored by Liz Cardwell, RN, M.Ed.

DID YOU KNOW THAT . . . ?

Missouri State Board of Nursing Discipline Committee Members

- Charlotte York LPN
- Cindy Suter BS, JD
- Amanda Skaggs RNC, WHNP
- K’Alice Breinig, RN, MN
- Clarissa McCamy LPN

Discipline and probation violation hearings are held during each Board meeting, twenty six hearings were scheduled for the March Board meeting; you may want to review my article in the last Newsletter where I explained the difference between a probation violation hearing and a disciplinary hearing. Often I am called as a witness for the Board to testify as to the lack of



Cardwell

compliance of a licensee with the disciplinary terms of his/her Settlement Agreement or Board Order. Keeping this in mind, I decided to write this article and share with you thoughts that occurred to me during the meeting that you as a reader, disciplined license or not disciplined license, should keep in mind.

If you voluntarily surrender your nursing license or it is revoked, you must wait one year before you can re-apply for licensure. The process at that point is similar to that of being a new graduate, which may include taking the NCLEX. In addition, your application will be reviewed by the licensure committee prior to testing to review your history with the Board and determine whether to allow you to test or to deny your application. If the Board allows you to test and you pass, your license may be placed on a period of initial probation. Initial probation (restricted license) is a period of time, determined by the Board, where you are monitored to be certain that you can practice nursing safely.

If your nursing license is placed on a period of probation or is suspended followed by a period of probation, it is YOUR responsibility to comply with the terms of the discipline. When you sign the Settlement Agreement or Joint Stipulation, you have indicated that you understand and agree to the terms contained in the document and are subsequently responsible to follow through by meeting those the terms. After your disciplinary period becomes effective,

it is important that if you have questions about what is required that you contact the Board office to answer those questions—never ASSUME anything.

If you are a disciplined licensee who procrastinates, it is imperative that you change your modus operandi and become PRO-ACTIVE in knowing AND meeting the deadlines for submission of required documentation. Depending on what motivates you, it might be helpful for you to review the discipline portion of the Newsletter and pay special attention to the information regarding those individuals who are further disciplined for lack of submitting required documentation-it is a motivator if nothing has motivated you before!

Our Newsletter contains the address, phone number, web site and e-mail address for the Board office—**use** these means of communication to notify us of address changes (there must be a signature), to ask questions about your licensure status, and if your license is disciplined, you can determine whether or not the required documentation has been received.

Some licensees who have been disciplined choose to wait and tell their employer or potential employer about the discipline until the licensee’s first employer evaluation document is due in the Board office. However, the facility has most likely contacted the Board office to verify the license and is well aware of the discipline. I have been told on several occasions by disciplined licensees that they have not informed their employers or potential employers in a timely manner because “I just want to get my foot in the door so they can see what a good nurse I am before I tell them about the probation,; or “I was getting ready to talk to them about it but the right time hadn’t come.” This action or similar activities leaves an employer suspicious as to whether or not you can be trusted.

In closing, remember the following:

- Remember what assuming does to you and me.
- Be proactive not reactive.
- Communicate-ask-clarify; there is no question that is too small.



Licensure Corner

Authored by Kathy Tucker
Licensing Supervisor

Missouri State Board of Nursing Licensure Committee Members:

- Kay Thurston, ADN, RN, Chair
- K’Alice Breinig RN MN
- Charlotte York, LPN
- Teri A Murray, PhD, RN
- Clarissa McCamy, LPN

EXTRA! EXTRA! Read All About It

Do you enjoy reading out loud? Do you like to help others? If so the Board of Nursing could use your assistance. Due to the increase of requests for test accommodations, specifically readers, additional readers are needed for the NCLEX® Examinations. We sincerely appreciate those who have volunteered in the past. However, to better meet the needs of our licensure candidates, we need to increase our pool of available readers.

The Board of Nursing and Pearson Vue are developing a pool of examination readers to help candidates with documented disabilities who need reading assistance. Readers serve on an “as needed” basis.

If you are a retired nursing faculty member, past Board member, faculty or student in a graduate program, or a currently licensed nurse, you might qualify to be a NCLEX® examination reader. Being an examination reader gives you the opportunity to earn extra money, enhance your resume, and make a meaningful contribution to the nursing profession!

Readers must meet the following criteria:

- Be a licensed nurse
- Live near Jefferson City, Kansas City, St. Louis, or Springfield
- Have the ability to distinctly read aloud and accurately pronounce medical terminology

If you are interested and have not previously applied to be a reader or know of another individual that meets the above criteria that may interested, please contact **Kathy Tucker at the Missouri State Board of Nursing, (573) 751-0081 or email kathy.tucker@pr.mo.gov for more information.** Readers are paid an honorarium by Pearson Vue.

License Renewal for Deployed Military Personnel

State statute 41.950 states:
“1. Any resident of this state who is a member of the national guard or of any reserve component of the armed forces of the United States or who is a member of the United States Army, the United States Navy, the United States Air

Force, the United States Marine Corps, the United States Coast Guard or an officer of the United States Public Health Service detailed by proper authority for duty with any branch of the United States armed forces described in this section and who is engaged in the performance of active duty in the military service of the United States in a military conflict in which reserve components have been called to active duty under the authority of 10 U.S.C. 672(d) or 10 U.S.C. 673b or any such subsequent call or order by the President or Congress for any period of thirty days or more shall be relieved from certain provisions of state law, as follows:

(4) Any person enrolled by the supreme court of Missouri or licensed, registered or certified under chapter 168, 256, 289, 317, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 375, 640 or 644, RSMo, whose license, registration or certification expires while performing such military service, may renew such license, registration or certification within sixty days of completing such military service without penalty;”

A nurse is licensed under chapter 335. If a nurse does not renew his/her license due to deployment, the nurse may renew his/her license without penalty if the license is renewed within sixty days of completing military service. When the nurse returns from military service, we ask that the nurse provide evidence of their service (including dates) for verification that they meet this exemption.

The Importance of Notifying the Board Office of Name and Address Changes

According to 4 CSR 200-4.020 (14) (B) (1) & (2) licensees must inform the Board if a change of name or address has occurred since the issuance of the current license.

Methods of contacting our office are as follows:

- Fax Numbers: 573-751-6745 or 0075
- Mail: Completing the form provided in the Board’s newsletter or sending a written request.

Name and/or address changes must be submitted in writing.

Verify Licenses and Current Discipline Online

You can verify a nursing license at pr.mo.gov. Click on LICENSEE SEARCH. You can search by name or license number. The search results will show the licensee’s name, city, state, original issue date, expiration date and whether there is any discipline currently on the license.

If you have a list of nurse licenses that you would like verified, you can send the list to our office electronically. We will match the list with our database and send the results back to you electronically. Your list needs to be an Excel document or a text file (tab or comma delimited). It should contain the nurse’s name and license number. Email the list to nursing@mail.state.mo.us.

In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will have a raised Board seal. A license will have the expiration date, profession and license number. The license number could be the profession code (RN or PN) followed by a 6-digit number or a 10-digit number, which consist of the year the license was issued followed by a 6-digit number. Example of 6-digit number could be RN060619. An example for the 10-digit number is 2000134178. When requesting verification from our office you must provide the complete license number, which includes the year of license.

If you have any questions, please call the Board office or use the Web to verify credentials **before hiring**. Our office is staffed Monday through Friday from 8 a.m. to 5 p.m., excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us
- Online Licensee Search pr.mo.gov Click on LICENSEE SEARCH

What is Public Information?

In accordance with Section 620.010.14(7), RSMo, the **only** information regarding an applicant/licensee that is public includes:

- ❖ Name (including maiden name and previous names);
- ❖ Address;
- ❖ License type, license number, dates of issuance and expiration date;
- ❖ License status (i.e. current, inactive, lapsed, surrendered or no license issued);
- ❖ License certifications and dates (e.g. IV Certified); and
- ❖ Disciplinary action taken against a license (i.e. censure, probation, suspension, revocation).

The above is the only information that may be released to the public, including family members, employers and the media.

Confidential information in an applicant/licensee’s file may only be released under the following circumstances:

- ❖ With the written authorization of the applicant/licensee;

Licensure Corner cont. to page 8

Licensure Corner cont. from page 7

- ❖ Through the course of voluntary interstate exchange of information with other boards of nursing;
- ❖ Pursuant to a court order; or
- ❖ To other administrative or law enforcement agencies acting within the scope of their statutory authority.

Occasionally, a caller might want to verify a licensee/applicant’s date of birth or social security number. A licensee or applicant’s date of birth and/or social security number is not public information and therefore cannot be verified by our office unless we are provided with a signed release from the licensee/applicant.

**AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION**
(Print Legibly in Black Ink)

I, _____, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, _____, and/or their representatives.
This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.
A copy of this authorization will be considered as effective and valid as the original.

Date

Applicant’s Signature

Applicant’s Printed Name

Applicant’s Social Security Number

**Fax to the Missouri State Board of Nursing at
(573) 751-6745**

House Bill 600 as amended by Senate Bill 978

Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003), and was signed into law by the governor on July 1, 2003. If you have any questions you may contact the Department of Revenue at 573-751-7200.

Making a Difference
One Life at a Time

**Tammy Pew: February State
Employee of the Month**
*Reprinted with permission by the Jefferson City
News Tribune*

by Michelle Brooks
mbrooks@newstribune.com

Caring for lives is Tammy Pew’s job. But last March, she saved a life too. The automatic external defibrillator (AED) had been in the Cameron Veterans Home less than a month, when Pew called it into service. A Certified Nurses Assistant (CNA) called for help just when Pew had entered that hall to conduct her weekly skin rounds. Pew called for the shift supervisor, then helped the CNA move the patient to the floor upon finding him blue.

While administering chest compressions, she directed someone to bring the AED. With no response to the first shock, Pew relied on the AED machine’s direction to continue chest compressions, then a second treatment. The patient began to “pink up” then and Pew was relieved to phone the family as the ambulance arrived.

Before that experience, Pew said she had had her doubts about the AEDs effectiveness, but not anymore. “It was quick, almost like you don’t have time to think,” Pew said. “It’s part of my job to take care of people, but you don’t always get to make a difference like that.”

Paula Denum, who nominated Pew, said she had just completed CPR Instructor training, which helped her to remain calm and to communicate with the staff. Pew has been a licensed practical nurse with the Cameron Veterans Home since it opened six years ago.

“Working for the state has been the best job,” Pew said. “I’ve learned so much from these veterans; they have so many stories to tell. “We’ve got some pretty amazing people.”

Denum said Pew is an informal leader in the nursing department. She is willing to work extra and takes great pride in caring for “America’s heroes,” Denum said.

“I like being a nurse and to take care of the elderly,” Pew said. “I’m glad God gives me the ability to do what I do.”

(The State Employee of the Month is selected by the State Employee of the Month Selection Committee from among nominations submitted by the 16 state departments and some elected offices.)

Investigations Corner

Authored by Quinn Lewis
Investigations Administrator

I am currently in my third year with the Board of Nursing and the new investigation process continues to be a success. Currently the time for the completion of an investigation is six months or less. Also we have fewer nurses that are repeat offenders. In addition to a hardworking and dedicated investigations staff, the Board attributes this to the efficiency of prioritizing and completion of cases in a timely manner.



Lewis

As the Investigations Administrator it is my responsibility to evaluate and assign cases. The evaluation of cases is a crucial part of the Board’s investigative process. We would like to thank everyone for making that job easier by sending in the required information at the onset of the investigation. We realize that it is more work to write a detailed narrative and provide the supporting documentation when the initial report is filed. We have tried to emphasize that the word investigation is a very serious word. The Board makes every attempt to evaluate every complaint and determine if there is probable cause to proceed with an investigation. That evaluation process has been assisted tremendously by administrators who have filed complaints with the Board and submitted the required information.

In a previous newsletter article, it was emphasized that the investigation starts when the complainant discovers the conduct. This applies primarily to those who work in facilities that are classified as mandated reporters and have the responsibility of reporting terminations and resignations that would have led to termination. Facilities that are mandated reporters are defined as hospitals and ambulatory surgical centers. The Board receives the majority of its complaints from these sources. The average time it takes for the Board to receive a complaint on a nurse after the initial conduct is approximately sixty days. At times, this period is longer. If the required information is not submitted with the initial complaint it slows down the process. Writing a couple of brief sentences is not sufficient information when filing a complaint against a nurse. Regardless of the reason for filing the complaint the goal of the complainant is to protect the public.

Protecting the public includes submitting well written complaints. It was also mentioned in a previous article that Board investigators do not solve mysteries. We are not a, “Who did it?” organization. Our investigations do not consist of receiving information of suspicious activity and then

proceeding ahead with an investigation. The appropriate procedure would be to provide documentation of suspicious behavior along with the name of a nurse. Board investigators would be best defined as verifiers of information. Whenever an allegation is made against a nurse there should be documentation or information that will either substantiate or dismiss the allegation. Therefore we validate the complaint by collecting the information that substantiates the allegation.

According to 4 CSR 200-4.030 the Board shall process each complaint made against any licensee, permit holder, registrant of the Board or unlicensed individual or entity, which the complaint alleges certain acts or practices that may constitute one or more violations of the provisions of chapter 335. This means that the Board must have the name of a nurse before we can proceed with a complaint and subsequent investigation. Without the appropriate information it is extremely hard to properly evaluate a complaint and proceed with an investigation.

In closing I would like to thank everyone who takes the time to read the Board’s newsletter and comply with our requests for information. If this is the first time that you have been educated on this matter, the Board would appreciate your cooperation in the future.

Practice Corner

Authored By Janet Wolken, MBA, RN
Practice Administrator

Missouri State Board of Nursing Practice Committee Members

- Linda Conner BSN, RN, Chair
- Amanda Skaggs, RNC, WHNP
- K’Alice Breinig, RN, MN
- Clarissa McCamy, LPN

Using Titles, Labels or Statements

The use of a title, label, or statement can and will be interpreted differently depending on the situation. As nurses we need to be aware of how the patient interprets what we say. They may not be familiar with our environment and language and what may seem simple to us is subject to misunderstanding by them. For example the term resident can be interpreted in two very different ways depending on the environment. In a long term care facility a resident is a person who lives there. However, in a hospital setting a resident is a physician.



Wolken

Identify Yourself

It is important to identify yourself properly when speaking with a patient. A patient will ask different questions of a physician than of a nurse and different questions of a nurse than of a nurse assistant. Do not assume that just because the patient has been visited by the same person or staff member every day that they will remember who and what you are. Each shift when you greet the patient it would be appropriate to say your name and that you will be their nurse this shift and tell them who their nurse assistant/patient care tech will be. When a person is placed outside of a familiar environment it is very stressful and they may not take in and remember all that is being said. Also be cognizant of vision and hearing deficits and that many people do not want to ask who someone is or what they said.

Office Setting

Caution is also important in an office setting. The patient/client often may think that the staff member that ushers them to a room, takes their vital signs, and asks what they are seeing the doctor for today is a nurse. If that person is not a nurse, they should introduce themselves and tell the patient what their title is. Even when returning patient phone calls to give them a lab result, medication changes or to discuss a question it should always be made clear exactly who the patient is talking to and what their credentials are. Please

encourage unlicensed assistive personnel to correct a patient when they call them a nurse and to refer the patient to a nurse if the question requires medical knowledge. (Statute 335.076 gives protection to the title RN and LPN).

Advanced Practice Nurses

Advanced practice nurses also need to be aware of patient perception in the office and hospital setting. The client/patient should be aware that the person who is making the diagnosis and prescribing is an advanced practice nurse and not a physician.

Name Tags

Do not rely on the facility name tag to clarify what your title is. Many name tags are worn in unreadable positions because they are in the way of routine nursing activities. Name tags often have unfamiliar abbreviations on them. Many clients may not know how an FNP differs from a PNP or the difference between a BSN and MSN. Do not rely on the facility color coding to distinguish credentials, it is unlikely that the patient knows and remembers what the colors represent.

Don’t Misrepresent Yourself

The Missouri State Board of Nursing is given authority to discipline the license of a person who misrepresents themselves or others. Statute 335.066. Denial, revocation, or suspension of license, grounds for, civil immunity for providing information has several sections that would fall under misrepresentation of yourself or others. 2. (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation; (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by sections 335.011 to 335.096; (7) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school; (10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 335.011 to 335.096 who is not registered and currently eligible to practice pursuant to sections 335.011 to 335.096; and (12) Violation of any professional trust or confidence;. This statute supports the necessity of representing yourself and others by their appropriate titles.

Please be aware of the setting you are in, the terms you use and how the patient may interpret these. Explain unfamiliar terms to the patient to ensure their understanding and their ability to participate in their health care decisions.

Education Corner



Authored by Marilyn K. Nelson, RN, MA
Education Administrator

Missouri State Board of Nursing Education Committee Members:

- Teri A. Murray, Ph.D., RN, Chair
- Linda Conner, BSN, RN
- Cynthia Suter, BS, JD
- Kay Thurston, ADN, RN

Finally, it can be said. The revised IV Therapy rules became effective April 30, 2006. In this article, the major changes will be presented.

The previous rule—4 CSR 200-6.010 Intravenous Fluid Treatment Administration—has been rescinded and replaced with five separate rules. The rescinded rule was long and meandering making it difficult to locate specific information. The revised rules have reorganized the content so that it is presented in a more logical sequence. This reorganization will facilitate locating information and the process of making future revisions. The revised rule will continue to be located in Division 200-State Board of Nursing, Chapter 6 Intravenous Infusion Treatment Administration of the rules portion of the State of Missouri Nursing Practice Act and Rules. Each of the five rules will be briefly discussed.



Nelson

4 CSR 200-6.020—Definitions

The listing of definitions has been greatly expanded to reflect current terminology, practice, and technology regarding the various infusion treatment modalities. The title of the rule was even changed to indicate that more than fluid administration is included. For example, there are definitions for central venous catheter, delivery system, injection/access port, intravenous piggyback administration, mid-line catheter, packaged drug systems, parenteral nutrition, peripheral venous catheter, qualified practical nurse, etc. The definitions will be useful in promoting understanding of the other rules, especially the 6.030 rule and its sections.

4 CSR 200-6.030—Intravenous Infusion Treatment Administration By Qualified Practical Nurses; Supervision by a Registered Professional Nurse

This rule first presents accountability practices for qualified practical nurses in relation to the administration of intravenous infusion treatment modalities. It is emphasized that the qualified practical nurse shall only perform appropriate IV infusion treatment functions under the direction and supervision of a registered professional nurse (RN) or a person licensed by a state regulatory board to prescribe medications and intravenous infusion treatments.

Accountability measures for the supervising RN are also stated. The rule then states what functions a non-IV Certified qualified practical nurse can perform in regards to IV infusion treatments. Functions that an IV-Certified qualified practical nurse can perform are divided into those that can be performed without additional training/education in section (5) and those which require additional education documented by the LPN’s employer in section (6). Sections (5) and (6) emphasize the responsibility of the employer to verify the qualified practical nurse’s competency to perform the allowable functions in that particular health care facility Facilities differ as to equipment and supplies (infusion pumps, catheters, solutions, etc) used to administer IV treatment modalities.

The last section of the 6.030 rule lists functions that qualified practical nurses shall NOT perform under any circumstances. Among these functions are the administering of IV anti-neoplastic drugs, beginning the initial or sequential administration of a transfusion of whole blood or blood product, performing any type of admixture in which a drug is added to container of IV solution, removing a mid-line or central venous catheter, and administering a drug via IV push or IV bolus mode of delivery except in life-threatening situations. The Board continues to periodically receive verbal and written communications regarding the last function mentioned. It was the unanimous decision of the task force convened to revise the rules to not allow qualified practical nurses to administer IV push medications. The previous rule also prohibited this function. The consensus of the task force was that the qualified practical nurse does not possess the necessary knowledge to identify and appropriately respond to problems and side effects, etc. which may occur very suddenly. Remember too, that a dosage error in IV administration can result in immediate, serious problems. This rule is not a complete “laundry list” of do’s and don’ts that some would like. A balance has to be maintained between having the rule be specific enough to provide sufficient guidance but not so specific that a rule change is frequently necessitated to accommodate new technology, new equipment and practice patterns.

4 SCR 200-6.040—Venous Access and Intravenous Infusion Treatment Modalities Course Requirements

The rule outlines the requirements for an appropriate entity to provide a Venous Access and Intravenous Infusion Treatment Modalities course which prepares non-IV Certified qualified practical nurses to perform the functions related to the various IV procedures. An approved course is designed to be offered only to qualified practical nurse participants and not other categories of health care personnel such as EMTs, radiology technicians, etc. Required curriculum components and content are stated. The Board will continue to approve the most current edition of the Venous Access and Intravenous Infusion Treatment Modalities Manual published by the University of Missouri-Columbia, Instructional Materials Laboratory (IML), College of Education as the standard curriculum. The required number of classroom hours for a course has been reduced from 40 to 30. The intent of this change is to allow course providers greater flexibility in how to present the course by creating study modules, offering portions of the course online, or some other teaching strategy and to utilize faculty for the course in a more cost-effective manner. For example, this flexibility could enable a provider to present the course without having to have a specific number of participants enrolled. A course must consist of at least 30 classroom hours but a provider may develop a course with more hours if so desired. The course must still include 8 hours of supervised clinical practice as was required in the previous rule. Criteria for faculty, classroom and clinical facilities, successful completion of the course, and record keeping criteria are essentially unchanged.

4 CSR 200-6.050—Approval Process for a Venous Access and Intravenous Infusion Treatment Modalities Course

The approval process for a Venous Access and Intravenous Infusion Modalities Course is addressed in this rule. Again, this information is relatively unchanged but reorganized. An entity desiring to provide a course must submit a proposal which includes all the items as designated in the rule. The Board approves or denies the proposal and communicates specific reasons if the proposal is denied. The revised rule more specifically states what a course provider must do to maintain approval status and actions to take if an approved course is discontinued.

Education Corner cont. from page 12

4 CSR 200-6.060—Requirements for Intravenous Therapy Administration Certification

This rule combines some information found in sections (8) and (10) of the rescinded rule. It specifies how the various qualified practical nurses can become IV Certified in Missouri. For example, section (1) of the rule addresses how an LPN licensed in the state but is not IV Certified can become certified. Section (3) addresses how a practical nurse licensed and IV Certified in another state who has been issued a temporary license to practice in Missouri becomes IV Certified. One of the major changes is in section (4) which allows practical nurses graduating after February 28, 1999 from a Missouri State Board of Nursing approved practical nursing program to perform the appropriate IV functions prior to verification of passage of the NCLEX-PN® examination and/or the 90 day post-graduation period. As of the 1999 date, all approved practical nursing programs in Missouri incorporate IV Therapy into their curriculum as either a discrete course or by integrating the content throughout the curriculum. The new graduate can now continue to practice IV skills learned in school rather than losing some proficiency while awaiting licensure examination results. This should also be a plus factor for those facilities employing the new graduate.

You have probably noticed that some different verbiage is utilized in the rule and in these comments. To better distinguish between a program of nursing and the entity presenting an IV Therapy course, the term approved course provider is being used. A listing of approved IV Therapy Course Providers is available on the Board’s website. Rather than using the word student, reference is made to course participant for someone enrolled in an approved course. These rules pertain to IV Therapy courses offered by course providers and not to practical nursing programs. A practical nursing program and its sponsoring institution can offer an IV Therapy course but it is separate from the courses offered in the program curriculum and recognition is based on compliance of the rules found in Chapter 6. For example, Nichols Career Center in Jefferson City and Ozarks Technical College in Springfield both offer an approved program of practical nursing and both are approved IV course providers.

All of the current approved IV Therapy course providers have been notified of the effective date of the revised rules. These providers are to inform the Board of their intent to continue to offer an IV Therapy course. If a provider wants to change the manner in which the course is offered (i.e. decrease the number of classroom hours), a letter amending that portion of the original accepted proposal must be submitted to the Board. Any entity desiring to offer an IV Therapy course must submit a written proposal as per these rules for approval.

Thanks to all who worked on the revised rules. The members of the task force that diligently worked on this tedious project were Teri Murray, PhD, RN; Darnell Roth, RN, CRNI, LNC; Mary Stassi, BSN, RN; Rita Tadych, PhD, RN; Kathryn Cardwell, LPN; Nancy Day, LPN; Lana Jinkerson, MSN, RN; Billye McCrary, BSN, RN; Barbara Marcus, BSN, RN; Lynne Ott, MSN, RN; and myself. It is anticipated that licensees, employers, and other interested parties will find the revised rules more user friendly.

Board President Appointed to National Committee

We are pleased to announce the appointment of our Board President, Dr. Teri Murray, to the National Council of State Boards of Nursing’s (NCSBN) Member Board Leadership Development Advisory Panel. The panel is charged with planning, implementing and evaluating the Institute of Regulatory Excellence (a fellowship program), implementing operations staff education for FY2006 as identified from needs assessment and identifying content for Mid-Year Meeting Leadership Day and President group meetings at Mid-Year Meeting and Delegate Assembly. Congratulations Teri!

NCSBN Sets Date for Implementation at New International Testing Sites for NCLEX® Examinations

Chicago—The National Council of State Boards of Nursing (NCSBN), www.ncsbn.org, will begin NCLEX® testing at the newly selected international Pearson Professional Centers on April 1, 2006. Appointments for testing on, or after April 1, will begin on February 15, 2006.

The new centers will be located in Sydney, Australia; Toronto, Montreal, and Vancouver, Canada; Frankfurt, Germany; Mumbai, New Delhi, Hyderabad, Bangalore, and Chennai, India; Mexico City, Mexico; and Taipei, Taiwan. Appointment availability for Pearson Professional Centers in Chiyoda-ku, and Yokohama, Japan will be announced at a later date. These new sites are in addition to centers in London, England; Seoul, South Korea; and Hong Kong, which have been operational since January 2005.

Intended for the purposes of domestic nurse licensure in U.S. states and territories, additional sites were chosen based on the same rigorous criteria that the three current sites were evaluated on before their selection. The evaluation included security and geographic representation outside of the current member board of nursing locations. All security policies and procedures currently used to administer the NCLEX examination domestically will be fully implemented at these new international locations.

Administration of the NCLEX examination abroad does not contradict or circumvent any current board of nursing process or requirement. All international candidates are required to apply to the board of nursing in the state or territory where they wish to be licensed before registering for the NCLEX examination. The NCLEX examination fee for all candidates is \$200. Candidates who elect to take the NCLEX at an international site will pay an additional \$150 when they schedule their examination. State and territorial NCLEX examination fees remain at their current levels and are not being used to subsidize the international testing initiative.

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and five United States territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

Media inquiries may be directed to the contact listed above. Technical inquiries about the NCLEX examination may be directed to the NCLEX Examination information line at 1.866.293.9600 or nclexinfo@ncsbn.org.

New CE Provides Help for Nurses to Address Co-Worker Drug Abuse

Confronting Colleague Chemical Dependency is a new self-paced online continuing education (CE) course from NCSBN Learning Extension (www.learningext.com). The course covers the issues surrounding chemical dependency in licensed nurses. The content provides a basic understanding of the physical and behavioral warning signs of chemical dependency in nursing professionals. It describes the role of colleagues, employers, alternative programs and the board of nursing in preventing and/or managing the potentially lethal effects of this chronic problem. This program is for every nurse in every practice setting at every level of practice from student to doctorate, from staff nurse to vice president.

The course provides interactive features for gaining knowledge about what to do should one suspect a health care colleague of being chemically dependent. Some of the features include:

- Clips from the *Breaking the Habit: When Your Colleague is Chemically Dependent* video developed by National Council of State Boards of Nursing (NCSBN 2001). The video follows the story of Maggie, an impaired nurse. Her friend and colleague, Ellen, suspects there is a problem. The video presents two different scenarios with very different outcomes. The video also blends narrative and expert guidance on the topic. The clips are streaming video in Windows Media or QuickTime formats.
- Online content presented with key glossary terms highlighted, “Links to Knowledge” to Web resources, and visual/graphical aides.
- Interactive exercises, including multiple-choice and matching.
- Reflective exercises presented in the downloadable workbook, which include short-answer and essay questions.
- Post-test to assess learner comprehension of the content. This must be completed successfully to be issued CE contact hours.

The course objectives are:

- Describe the three dimensions of addiction
- Identify factors that put nurses at risk for addiction
- List the warning signs that a nurse might exhibit that indicate a potential drug/alcohol abuse problem
- Describe common narcotics discrepancies seen with drug diversion
- Discuss the role of the colleague/manager when a nurse is suspected of drug abuse
- Identify the steps and phases of recovery
- Compare the traditional disciplinary approach of the boards of nursing to the alternative approach
- Describe the conditions and benefit of the alternative program

The goal of the course is to help colleague nurses understand that aiding the impaired nurse is difficult, but not impossible. The choices for action are varied. The only choice that is clearly wrong is to do nothing.

The course is \$20 and learners receive three weeks of unlimited, 24-hour access to the course materials, earning 3.3 contact hours. Sign up today and learn how to help tackle one of the most serious problems facing the profession of nursing today at www.learningext.com. Online registration is easy and your three weeks of unlimited access begins immediately after you register.

[NCSBN Learning Extension, 10/24/05]

Summary of Actions

March 2006 Board Meeting

Education Matters

New Program Request

- Request to establish an evening/weekend track in the Level II RN program was approved for Jefferson College Bi-Level Program.
- Proposal to establish a Practical Nursing Program at Pemiscot County Vocational School in Hayti was approved.

Enrollment Changes

- Request to increase the number of students in the PN Program of Jefferson College Bi-Level Program from 24 to 40 per class was approved.
- Request to increase the number of students in the BSN Program of Missouri State University from 40 to 50 per class was approved.

Curriculum Changes

- Request from Columbia Public Schools, PN Program #17-199 for curriculum changes was approved.
- Request from Ozarks Technical Community College, PN Program #17-198 for curriculum changes was approved.
- Request from Missouri State University/West Plains, ADN Program #17-400 for curriculum changes was approved.
- Request form State Fair Community College ADN Program #17-408 for curriculum changes was approved.
- Request from Avila University, BSN Program #17-554 for curriculum changes was approved.

The following items were reviewed and accepted:

- 2 Five year on site Survey reports
- 2004-2005 Annual Reports for the PN Programs

Discipline Matters

The Board held 4 disciplinary hearings and 12 violation hearings.

The Discipline Committee reviewed 122 RN and PN cases, 15 Litigation items and 28 disciplined licensee-meeting reports.

Licensure Matters

The Licensure Committee reviewed 26 applications and 7 cases of unlicensed practice.

Results of reviews as follows:

- Issued letters of concern—11
- Issued grave letters of concern—4
- Approved applications—6
- Applications approved with probated licenses—3
- Applications tabled for additional information—1
- Denied applications—8

The Board of Nursing is requesting contact from the following individuals:

Penny A. Banks, PN

Lori L. Dennis, RN

Lisa M. Edgar, PN

Cheryl Beth Germany, RN

Jackie M. Gartland, PN

Aprille Danyelle Holbrook, PN

David E. Rogers, RN

Matthew Y. Hunter, RN

Lisa Ann Johnson, RN

Mistee D. Myrick, RN

Kevin R. Skea, RN

Melissa A. Smith, RN

Paula Y. Tomkins, PN

Gladys R. Warrior, PN

If anyone has knowledge of their whereabouts, please contact Quinn at 573-751-8740 or send an email to nursing@pr.mo.gov

DISCIPLINARY ACTIONS

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

***Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.*

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions for the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Restricted License
Edward Lane deVilbiss Columbia, MO	RN2001018405	Section 335.066.1 and .2(1), (5), (12), and (14), RSMo 2000 In 2/03, Licensee became addicted to crystal methamphetamine. On 6/05, he voluntarily entered a rehabilitation program at Parker Valley Hope in Denver, CO for treatment. Licensee moved to Missouri on 8/9/05, where he then voluntarily entered Valley Hope’s program in Booneville, MO for treatment for his addiction to methamphetamine. On 9/6/05, he successfully completed the program at Valley Hope.	Restricted 1/5/2006 to 1/5/2011
Katherine Marie Michel Saint Louis, MO	PN2006002263	Section 335.066.1 and .2(2), RSMo 2000 On 1/10/00 and 6/12/00, Licensee pled guilty to stealing. On 8/20/02, Licensee pled guilty to Domestic Assault 3rd Degree. On 4/3/03, Licensee pled guilty to petit larceny.	Restricted 1/17/2006 to 1/17/2008

CENSURE LIST

Name	License Number	Violation	Effective Date of Censured License
Cindy L. Campbell Cosby, MO	RN085014	Section 335.066.2(5), (6), and (12), RSMo 2000 From 5/19/03 to 12/15/04, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 12/16/2005
Linda D. Patience Sunrise Beach, MO	PN055417	Section 335.066.2(6), RSMo 2000 Licensee practiced nursing on a lapsed license from 5/31/02 to 11/23/04.	Censure 1/5/2006
Jeffrey D. Terrell Sedalia, MO	RN089902	Section 335.066.2(5), (6), and (12), RSMo 2000 From 8/1/03 to 1/27/05, Licensee worked as a CRNA on an expired license.	Censure 2/14/2006

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Jodi A Becker Fenton, MO	RN142895	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Probation 12/13/2005 to 12/13/2008
Kelli L Durbin Kirksville, MO	PN056825	Section 335.066.2(2) RSMo 2000 From 5/13/03 through 9/12/03, Licensee fraudulently obtained controlled substances by calling in prescriptions using a doctor’s DEA number without his knowledge or authority.	Probation 1/5/2006 to 1/5/2008
Joann M Eike Eureka, MO	RN140321	Section 335.066.2(12), RSMo 2000 From 12/19/01 to 1/2/02, Licensee withdrew Percocet from the Pyxis system but failed to document the administration and/or wastage of the medication on the patient’s medication administration record or flowsheet. From 4/9/02 to 4/27/02, Licensee on ten separate occasions withdrew Demerol, and on one occasion withdrew Hydromorphone Hydrochloride, for her patients but failed to document the administration and/or wastage of the medication.	Probation 1/5/2006 to 1/5/2008
Rebecca Catherine Evans Overland Park, KS	RN2003018873	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 Licensee violated the disciplinary agreement by continuing to use hydrocodone.	Probation 12/13/2005 to 12/13/2010

Disciplinary Actions cont. from page 16

Name	License Number	Violation	Effective Date of Probation
Sharon Marie Frost Sedalia, MO	PN2006001413	Section 335.066.1 and .2(2), RSMo 2000 On 5/17/93, Licensee pled guilty to passing bad checks. Licensee was sentenced to 90 days in county jail which was suspended if restitution and court costs were paid. On 4/17/94, Licensee failed to pay restitution as ordered and was sentenced to 60 days in the county jail and 2 years unsupervised probation. On 4/10/94, Licensee pled guilty to passing bad checks. Licensee was sentenced to 2 years unsupervised probation. On 1/19/99, Licensee pled guilty to passing bad checks. Licensee was sentenced to 5 years probation. On 9/14/00, her probation was revoked for failure to pay restitution. Licensee was sentenced to 3 years in the Department of Corrections. On 10/9/01, Licensee pled guilty to felony stealing. Licensee was sentenced to 2 years in the Department of Corrections.	Probation 1/17/2006 to 1/17/2007
Paul J Halliday Blue Springs, MO	RN106401	Section 335.066.2(1), (5), (12) and (14), RSMo 2000 Licensee violated the disciplinary agreement by self reporting his relapse and on-duty impairment to the Board on 11/23/04.	Probation 12/13/2005 to 12/13/2010
Lynn Hampton California, MO	PN2001006645	Section 335.066.2(5), (6), and (12), RSMo 2000 Licensee was not instructed or trained in the administration of intravenous fluid treatment. Between 1/6/04 and 2/3/04, Licensee removed each time, on 11 (eleven) occasions between 1 bag to 4 bags of normal saline by overriding the hospital’s pyxis system. On 15 (fifteen) occasions between 1/8/04 and 2/3/04, Licensee administered prescribed medications via IV piggy-back when the medication was ordered to be administered by IV push. On 1/22/04 on 3(three) occasions, Licensee (a LPN) administered prescribed medications by IV push.	Probation 1/18/2006 to 1/18/2007
Erinn Marie Harmon Sullivan, MO	PN2006006114	Section 335.066.1 and .2(2), RSMo 2000 On 1/28/05 Licensee pled guilty to Peace Disturbance. The Defendant received two years probation.	Probation 2/21/2006 to 2/21/2008
Randall Dean Hopp Gladstone, MO	RN20003004615	Section 335.066.2(2) and (8), RSMo 2000 On 7/20/98, Licensee pled guilty to making obscene or harassing phone calls. On 2/4/04, Licensee entered an Alford plea to assault in the fifth degree. On 8/12/04, the Minnesota Board of Nursing and the Licensee entered a Stipulation and Consent Order that placed the Licensee’s Minnesota nursing license on conditional status and imposed a civil penalty.	Probation 12/1/2005 to 12/1/2006
Frances V Kaminski Edwardsville, KS	RN2002022718	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by consuming alcohol.	Probation 12/13/2005 to 12/13/2008
Britni Kay Massey Jackson, MO	PN2006006113	Section 335.066.1 and .2 (2), RSMo 2000 On 6/23/02 Licensee pled guilty to Assault in the 3rd degree. On 4/10/04 Licensee pled guilty to DWI and failure to drive within a single lane, exceeding the speed limit and failure to wear a seat belt. On 6/27/04 Licensee pled guilty to operating a motor vehicle while license revoked.	Probation 2/14/2006 to 2/14/2009
Janice K McCann Kansas City, MO	RN 058661	Section 335.066.2(5) and (12), RSMo 2000 While employed by a health department, on 5/13/02, Licensee administered Diluent only for Meningococcal vaccine instead of mixing the appropriate component. Licensee failed to document on the patient’s record that the vaccine was not given. On 9/02, not a date certain but known only by Licensee, Licensee dispensed polio vaccine in the place of Applisol for tuberculosis skin test. On 9/20/2002, Licensee incorrectly gave a TD booster instead of the Hepatitis B vaccine the patient requested. On 9/25/02, Licensee incorrectly gave Hepatitis B vaccine in place of a TD booster the patient requested. On nine separate occasions, Licensee failed to document the arm on which Licensee administered TD skin tests. At a date certain only to the Licensee, Licensee documented the vaccine lot number instead of the Applisol lot number on the TD skin test form. On 10/2/02, Licensee failed to complete data compiling (ticking) and left immunization records and the sign-in Licensee for the day unaccounted for. When the immunization record and the sign-in Licensee were located, Licensee could not state if the task had been completed or not and Licensee’s failure to complete data compiling results in an inaccurate monthly count for vaccine doses given.	Probation 12/3/2005 to 12/3/2006
Juanita A Person Saint Louis, MO	RN101120	Section 335.066.2(5) and (12), RSMo 2000 From 2/16/03 to 6/22/03, Licensee diverted Ativan and Morphine and failed to document wastage on patient and Diebold records. On 6/23/03, Licensee tested positive for Darvocet/Propoxyhene.	Probation 1/5/2006 to 1/5/2008

Disciplinary Actions cont. from page 17

Name	License Number	Violation	Effective Date of Probation
Augusta G Reddell Independence, MO	PN051684	Section 335.066.2(5) and (12), RSMo 2000 On 3/21/03 licensee made a home visit and noted the diabetic patient had an infected corn on his toe. On 3/27/03, Licensee during a visit noted that the toe was red and swollen. On 4/2/03, Licensee during a visit noted the toe was blackened and the patient complained of pain. The licensee arranged for an ambulance to transport the patient to the hospital, the patient’s toe was amputated on 4/3/03. Licensee failed to contact the doctor about the patient’s deteriorating toe condition and failed to call and notify DHSS of the patient’s deteriorating toe condition.	Probation 1/18/2006 to 1/18/2007
James M Steele Saint Joseph, MO	RN144886	Section 335.066.2(2), RSMo 2000 On 8/20/03, Licensee pled guilty to involuntary manslaughter.	Probation 12/1/2005 to 12/1/2008
Elaine F Thompson Fairview Heights, IL	RN076738	Section 335.066.2(1), (5), and (12), RSMo 2000 On 12/7/04, Licensee submitted to a breath test, which indicated that the Licensee had a blood alcohol concentration by weight (BAC) of 0.229 percent.	Probation 2/17/2006 to 2/17/2009
Kathleen A Vantrump St Charles, MO	RN071618	Section 335.066.2(1), (5), and (14), RSMo 2000 On 8/9/03, Licensee submitted to a drug screen which tested positive for the presence of hydrocodone and hydromorphone.	Probation 2/4/2006 to 2/4/2008

SUSPENSION/PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Christina J Licklider Shelbyville, MO	RN115148	Section 335.066.2(2), RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation and consuming alcohol.	Suspension 12/13/2005 to 12/13/2006 Probation 12/14/2006 to 12/14/11

REVOCATION LIST

Name	License Number	Violation	Effective Date of Revocation
Ruby F Akin Seneca, MO	RN2002005701	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 1/5/2006
Laura Lee Copeland Saint Charles, MO	PN2000167989	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 12/6/2005
Amy Lucille Dudley Saint Joseph, MO	PN2001020645	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation. Licensee pled guilty to the class C felony of Possession of a Controlled Substance.	Revoked 12/2/2005
Juanita V Etter Jefferson City, MO	PN030956	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 12/13/2005
Lori A Gardner Sparta, MO	PN050518	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 1/5/2006
Lisa L Glass New Port Richey, FL	RN113170	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 1/5/2006
Sharon Glass Springvale, ME	PN2000169787	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 12/1/2005
Kim M Glidewell Brookfield, MO	PN056874	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 12/6/2005

Disciplinary Actions cont. from page 18

Name	License Number	Violation	Effective Date of Probation
Robyn K Goodrich St Peters, MO	RN115030	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation, Licensee was incarcerated for stealing and using a duragesic patch.	Revoked 1/5/2006
Christopher K Holman Gate City, VA	PN041886	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation and failed to report to the Board his change of address.	Revoked 1/5/2006
Robin Hutson-Montoya Portland, OR	RN132401	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by consuming alcohol.	Revoked 1/5/2006
Robin Lorraine Hyrne Lees Summit, MO	PN026096	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 12/1/2005
Cherri Jennings Springfield, MO	RN138369	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 12/2/2005
Kevin D Long Ballwin, MO	PN052575	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 1/5/2006
Meredith A Loy Emporia, KS	RN121027	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 12/1/2005
Patricia J Lyons Splendora, TX	RN124954	Section 620.153, RSMo 2000 On 12/24/03, Licensee withdrew two Vicodin tablets for a patient and documented them as administered in the MAR, but documented in her nursing notes that the patient was sleeping. On 1/15/04, Licensee withdrew two Roxicodone tablets for a patient, but the patient did not receive the medication and Licensee did not document its administration or wastage in the MAR or nurse’s notes.	Revoked 1/5/2006
Mary B Mackey Overland Park, KS	RN127998/ PN043137	Section 620.153, RSMo 2000 On 2/6/02, Licensee misappropriated Morphine for her personal use. Licensee had no prescription for Morphine.	Revoked 12/1/2005
Mary F Mayberry Holcomb, MO	RN147486	Section 620.153, RSMo 2000 On 2/13/05, Licensee submitted to a pre-employment urine drug screen which was positive for the presence of methamphetamines.	Revoked 12/5/2005
Tracie L McGee Saint Louis, MO	PN055644	Section 620.153, RSMo 2000 On 2/21/03, Licensee reported for duty. Licensee was assigned to work the evening shift and accepted patient assignments. At approximately 3:00 am, Licensee informed another nurse that Licensee was leaving for a break and would return in 15 minutes. Licensee did not return to work.	Revoked 1/5/2006
Camelia L Melton Springfield, MO	PN025791	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 1/5/2006
Nancyne L Merrigan Maryville, MO	PN050553	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation and submitted to a urine drug screen which was positive for amphetamines and marijuana.	Revoked 12/5/2005
Bridget E Moit Troy, MO	RN156205	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 12/13/2005
Marcella A Moore Hawkpoint, MO	PN052146	Section 620.153, RSMo 2000 On 10/5/04, Licensee pled guilty to ten counts of the class C felony forgery.	Revoked 1/5/2006
William S Myers Sesser, IL	PN052627	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 1/5/2006
Vickie J Olf Independence, MO	RN073291	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 12/5/2005

Disciplinary Actions cont. from page 19

Name	License Number	Violation	Effective Date of Probation
Virginia M Pendley Miami, OK	RN093784	Section 620.153, RSMo 2000 On 11/2/03, Licensee submitted to a urine drug screen which was positive for the presence of Hydrocodone.	Revoked 12/5/2005
Lisa M Peters Neosho, MO	PN053714	Section 620.153, RSMo 2000 On 3/9/01, Licensee submitted to a urine drug screen which was positive for the presence of amphetamine and methamphetamine.	Revoked 1/5/2006
Jerry Don Raymond Springfield, MO	PN2001002483	Section 620.153, RSMo 2000 Licensee pled guilty to a charge of simple domestic battery in 2002. The Louisiana State Board of Practical Nurse Examiners indefinitely suspended Licensee’s Louisiana license in 2003 for beating residents, stealing their medications and sleeping while assigned to the care of residents.	Revoked 12/1/2005
Helen D Ross Saint Louis, MO	RN148779	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings, by not submitting the required documentation and consuming alcohol.	Revoked 12/1/2005
Carolyn A Washington Saint Louis, MO	PN032393	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 1/5/2006
Joyce F Weakley Oran, MO	PN042956	Section 620.153, RSMo 2000 On 6/14/01, Licensee submitted to a urine drug screen which was positive for methamphetamine.	Revoked 12/1/2005
Tina L Woolsey Rogersville, MO	PN033699	Section 620.153, RSMo 2000 On 6/14/02 and 8/6/03, Licensee worked at a facility where Licensee had access to her own patient file. Licensee used this access to make fraudulent entries into her own file to obtain Trazadone. On 12/13/04, Licensee pled guilty to seven counts of felony stealing of morphine sulfate from another facility where Licensee was employed.	Revoked 1/5/2006

VOLUNTARY SURRENDERED

Name	License Number	Violation	Effective Date of Voluntary Surrender
David G Bay Leslie, MO	PN045459	Section 621.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	2/22/2006

Did you know you are required to notify the Board if you change your name or address?

Missouri Code of State Regulation [(4 CSR 200-4.020 (15)(b) (1)] says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing . . .” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change . . .”

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.

Type or print your change information on the form below and submit to the Board Office by fax or mail. *Name and/or address changes require a written, signed submission. Please submit your change(s) by:*

- Fax: 573-751-6745 or 573-751-0075 or
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102

Please complete all fields to ensure proper identification.		
<input type="checkbox"/> RN <input type="checkbox"/> LPN		
Missouri License Number		
Date of Birth		
Social Security Number		
Daytime Phone Number		
OLD INFORMATION (please print):		
First Name	Last Name	
Address		
City	State	Zip Code
NEW INFORMATION (please print)		
First Name	Last Name	
Address (if your address is a PO Box , you must also provide a street address):		
City	State	Zip Code
Signature (required)		
Date		

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of \$15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the Licensure Information & Forms tab on our website at <http://pr.mo.gov/nursing.asp>